

Solicitation Number:		PROPOSAL COVER PAGE																	
1. SUBMIT TO: Director U.S. Army Research Office ATTN: AMSRL-RO-RI P.O. Box 12211 Research Triangle Park, NC 27709-2211		2. For consideration by: <table style="width: 100%; border: none;"> <tr> <td><input type="checkbox"/> Biology</td> <td><input type="checkbox"/> Materials</td> </tr> <tr> <td><input type="checkbox"/> Chemistry</td> <td><input type="checkbox"/> Mathematics</td> </tr> <tr> <td><input type="checkbox"/> Computer Science</td> <td><input type="checkbox"/> Physics</td> </tr> <tr> <td><input type="checkbox"/> Electronics</td> <td><input type="checkbox"/> Comp & Info Sci</td> </tr> <tr> <td><input type="checkbox"/> Mechanical</td> <td><input type="checkbox"/> Weapons & Mtls Sci</td> </tr> <tr> <td><input type="checkbox"/> Environmental Sciences</td> <td><input type="checkbox"/> Human Rsch & Eng</td> </tr> <tr> <td><input type="checkbox"/> Sensors & Electron Dev</td> <td><input type="checkbox"/> Surv/Lethality</td> </tr> </table>		<input type="checkbox"/> Biology	<input type="checkbox"/> Materials	<input type="checkbox"/> Chemistry	<input type="checkbox"/> Mathematics	<input type="checkbox"/> Computer Science	<input type="checkbox"/> Physics	<input type="checkbox"/> Electronics	<input type="checkbox"/> Comp & Info Sci	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Weapons & Mtls Sci	<input type="checkbox"/> Environmental Sciences	<input type="checkbox"/> Human Rsch & Eng	<input type="checkbox"/> Sensors & Electron Dev	<input type="checkbox"/> Surv/Lethality	3. Is this proposal being submitted to another Federal Agency? <input type="checkbox"/> No <input type="checkbox"/> Yes If Yes, list the agency:	
<input type="checkbox"/> Biology	<input type="checkbox"/> Materials																		
<input type="checkbox"/> Chemistry	<input type="checkbox"/> Mathematics																		
<input type="checkbox"/> Computer Science	<input type="checkbox"/> Physics																		
<input type="checkbox"/> Electronics	<input type="checkbox"/> Comp & Info Sci																		
<input type="checkbox"/> Mechanical	<input type="checkbox"/> Weapons & Mtls Sci																		
<input type="checkbox"/> Environmental Sciences	<input type="checkbox"/> Human Rsch & Eng																		
<input type="checkbox"/> Sensors & Electron Dev	<input type="checkbox"/> Surv/Lethality																		
		4. Is applicant delinquent on any Federal Debt? <input type="checkbox"/> Yes (Attach explanation) <input type="checkbox"/> No		5. Proposal Valid Until (min of 6 mos):															
6. Entity Identification Number (EIN) or Taxpayer Identification Number (TIN)		7. Data Universal Numbering System (DUNS No.):		8. Commercial and Government Entity (CAGE) Code:															
9. Name of organization to which award should be made:			10. Administrative Address of Organization (if different):																
			11. Branch/Campus/Other Component (where work is performed, if different):																
12. Submitting Organization's Contract/Grant Administration Office:			13. Submitting Organization's Audit Office:																
14. Submitting Organization: (Check all that apply) <input type="checkbox"/> For Profit: <input type="checkbox"/> Large <input type="checkbox"/> Small <input type="checkbox"/> Disadvantaged <input type="checkbox"/> 8a <input type="checkbox"/> Women-Owned <input type="checkbox"/> Foreign <input type="checkbox"/> Individual <input type="checkbox"/> Educational: <input type="checkbox"/> HBCU <input type="checkbox"/> Minority Institution <input type="checkbox"/> Hispanic <input type="checkbox"/> Indian Tribal <input type="checkbox"/> State <input type="checkbox"/> Private <input type="checkbox"/> Foreign <input type="checkbox"/> FDP <input type="checkbox"/> Hospital: <input type="checkbox"/> Public <input type="checkbox"/> Private <input type="checkbox"/> Nonprofit <input type="checkbox"/> For Profit <input type="checkbox"/> Nonprofit <input type="checkbox"/> Not-For-Profit <input type="checkbox"/> Other (Specify)																			
15. Check appropriate box(es) if this proposal includes any of the items listed below: <input type="checkbox"/> Human Subjects <input type="checkbox"/> Recombinant DNA <input type="checkbox"/> Vertebrate Animals <input type="checkbox"/> Genetically Engineered Organisms <input type="checkbox"/> National Environment Policy Act <input type="checkbox"/> Limited Rights Data <input type="checkbox"/> Disclosure of Lobbying Activities <input type="checkbox"/> Unlimited Rights <input type="checkbox"/> Historical Places <input type="checkbox"/> Govt Purpose Rights Data <input type="checkbox"/> GFE <input type="checkbox"/> GFD <input type="checkbox"/> Proprietary Data <input type="checkbox"/> GFI <input type="checkbox"/> GFP <input type="checkbox"/> Ozone Depleting Substances			16. Proposed Amount:		19. Type of Award Proposed: <input type="checkbox"/> Single Investigator <input type="checkbox"/> Young Investigator Program <input type="checkbox"/> Short Term Innovation Rsch <input type="checkbox"/> Research Instrumentation <input type="checkbox"/> Conference/Symposia <input type="checkbox"/> Other (Specify):														
17. Proposed Duration (1-60 mos):			18. Proposed Start Date:																
20. Title of Proposed Project:																			
21. Principal Investigator (PI)/Project Director (PD) Department and Postal Address:																			
TYPED NAMES		TELEPHONE NUMBER	FACSIMILE NUMBER	ELECTRONIC MAIL ADDRESS															
22. PI/PD																			
23. CO-PI/PD																			
24 a. Primary Administrative Representative Authorized to Conduct Negotiations:																			
24 b. Alternate Administrative Representative Authorized to Conduct Negotiations:																			
25 a. Authorized Representative Signing for Applicant Organization:			25 c. By signing and submitting this proposal, the offeror is providing the certifications contained in this BAA.																
25 b. Title:			25 d. Signature _____ Date: _____																